

# CHAPTER 6.1

## Health Records Organization and Maintenance (E)

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### I. POLICY

California Department of Corrections and Rehabilitation (CDCR) dental personnel shall document all dental treatment rendered to CDCR inmate-patients, including medications utilized during dental treatment, in the inmate-patient's Unit Health Record (UHR).

### II. PURPOSE

To establish procedures for the correct documentation in the UHR of dental services rendered to inmate-patients and to provide guidelines for the development, utilization, and management of inmate-patient health records.

### III. PROCEDURE

#### A. General Health Record Organization and Maintenance

1. A UHR shall be maintained for each inmate-patient consistent with applicable laws and in accordance with Division of Correctional Health Care Services (DCHCS) Medical Services Standards.
2. Only approved CDCR forms or forms generated by an outside dental/medical consultant, (e.g., oral surgeon, periodontist, etc.), are to be included in the UHR.

#### Approved CDCR Dental and Medical Forms:

CDCR Form 128-C (Rev 4/92) *Medical/Psychiatric/Dental*. This chrono report shall be used for any pertinent notation that the attending practitioner requests be placed in the inmate-patient's central file. It is also used to record an inmate's refusal of treatment or refusal to appear for a priority appointment.

CDCR Form 128-C-1 (Rev 04/06) *Reception Center Medical Clearance/Restriction Information Chrono*. This chrono shall be used by health care staff for all inmates to document the results of the Reception Center screening process.

CDCR Form 193 (Rev 1/88) *Inmate Trust Withdrawal Order*. This form shall be completed by dental staff and signed by both the treating dentist and the inmate-patient before impressions are taken for a dental prosthesis.

CDCR Form 237 A (Rev.04/06) *Health Record – Dental Reception Center Screening (RC)*. This form shall be completed by the dentist as part of the initial dental screening of incoming inmates at the RC.

CDCR Form 237 B (Rev 4/06) *Health Record – Dental (Mainline Examination)*. The dentist shall use this form when completing a non-reception center, comprehensive dental examination.

CDCR Form 237 B-1 (Rev 04/06) *Health Record – Supplemental Mainline Examination*. This form is used to note changes and additions to the Dental Treatment Plan.

CDCR Form 237 C (Rev 04/06) *Dental Progress Notes*. This form shall be used to document subsequent dental treatments and visits.

CDCR Form 237 C-1 (Rev 04/06) *Supplemental To Dental Progress Notes*. This form provides additional space to document changes and additions to the Dental Progress Notes.

CDCR Form 237 E (Rev 04/06) *Plaque Index Scoring Record*. This form shall be used to record the inmate-patient's dental plaque index score (PI).

CDCR Form 237 F (Rev 04/06) *Health Record – Dental Pain Profile*. This form is utilized by healthcare personnel to evaluate an inmate's dental symptoms. All CDCR dentists should be familiar with this form.

CDCR Form 239 (Rev 5/91) *Prosthetic Prescription*. This form must accompany each dental laboratory case during shipping and processing. The form must be completed and signed by the attending dentist, and must describe the prosthetic work to be performed by the dental laboratory.

CDCR Form 7221 (Rev 2/00) *Physician's Orders*. This form is used to document verbal or written orders issued by licensed health care staff in the course of providing treatment to an inmate-patient.

CDCR Form 7225 (Rev 03/92) *Refusal of Examination and/or Treatment*. This form shall be completed when an inmate-patient refuses to submit to a dental examination and/or dental treatment. This form shall become a part of the UHR and the completion of this form shall be noted in the inmate's central file by completing a CDCR 128-C.

CDCR Form 7243 *Consultant's Record*. This form shall be used when requesting consultation between medical and dental staff, or for specialty consults by outside health care providers.

CDCR Form 7252 (Rev 9/77) *Request for Authorization of Temporary Removal for Medical Treatment*. This form is completed by an RN when it becomes necessary to transfer an inmate-patient to an outside facility for health care services.

CDCR Form 7277 (Rev 11/02) *Initial Health Screening (All Institutions)*. This form shall be completed at Receiving and Release by health care staff for all newly arriving inmates, including new commitments and parole violators.

CDCR Form 7277A (Rev 11/02) *Initial Health Screening (Supplemental) – Female Inmates*. This form shall be completed at Receiving and Release by health care staff for each newly arriving female inmate, including new commitments and parole violators.

CDCR Form 7293 (Rev 1/00) *Conditions of Admission/Placement*. This form shall be signed by each inmate admitted to an inpatient setting, or placed in an outpatient-housing unit. It shall be filed in the patient identification section of the inpatient/outpatient UHR.

CDCR Form 7342 (Rev 1/00) *Informed Consent to Surgical Special Diagnostic, or Therapeutic Procedures*. This form shall be used by dentists as well as physicians, and shall be filed in the Consults/Procedures/Treatment Section of the UHR. This form has been revised to combine the following forms, which have been discontinued: CDCR Form 7203,

*Consent for Medical/Dental/Surgical Services*, and CDCR Form 7204, *Consent for Surgical Operation*.

CDCR Form 7362 (Rev 03/04) *Health Care Services Request for Treatment*. This form shall be used by inmates to request a dental appointment.

CDCR Form 7371 (Rev 03/04) *Confidential Medical/Mental Health Information Transfer – Sending Institution*. This form is completed for each inmate transferring from one institution to another by the transfer RN at the sending institution.

CDCR Form 7385 (Rev 1/00) *Authorization for Release of Health Care Record*. This form shall be used by all inmates requesting authorization for release of information from their UHR, or from a previous health care provider, and shall be filed in the green face sheet/Medico-legal section of the UHR.

CDCR Form 7424 (Rev 04/06) *Informed Consent for Root Canal Treatment*. This form is to advise inmate-patients of the risks, benefits, or complications of Root Canal Treatment and must be signed by the inmate-patient and the treating dentist prior to beginning the Root Canal.

CDCR Form 7425 (Rev 04/06) *Informed Consent for Extraction(s)*. This form is to advise inmate-patients of the risks, benefits, or complications of extractions and must be signed by the inmate-patient and the treating dentist prior to beginning the extraction.

CDCR Form 7426 (Rev 04/06) *Informed Consent for Periodontal Treatment*. This form is to advise inmate-patients of the risks, benefits, or complications of Periodontal Treatment and must be signed by the inmate-patient and the treating dentist prior to beginning the Periodontal Treatment.

CDCR Form 7427 (Rev 04/06) *Periodontal Therapeutic Medication Consent Form*. This form is to advise inmate-patients of the risks, benefits, or complications of therapeutic medications as an adjunct to periodontal treatment and must be signed by the inmate-patient and the treating Dentist prior to beginning the Periodontal Therapeutic Medication Treatment.

CDCR Form 7428 (Rev 04/06) *Full and Partial Denture Agreement*. This form is to advise inmate-patients of their eligibility, and to outline the requirements for having full or partial dentures made. The form must be completed and signed by the inmate-patient and the treating dentist prior to taking impressions for full or partial dentures.

CDCR Form 7429 (Rev 04/06) *Patient Consent to Dental Treatment*. This form is to advise inmate-patients of the risks, benefits, or complications of any dental treatment or procedures, and must be signed by the inmate-patient and the treating dentist prior to beginning any dental treatment or procedure.

CDCR Form 7430 (Rev 04/06) *Periodontal Screening and Recording (PSR)*. This form shall be completed during the Reception Center dental screening process to assign and record a provisional periodontal type.

CDCR Form 7431 (Rev 04/06) *Periodontal Chart Dental Examination*. This form shall be completed for all inmate-patients whose PSR examination results in two or more sextant scores of Code 3, or one sextant score of Code 4.

CDCR Form 7441 (Rev 04/06) *Patient Acknowledgement of Receipt of Dental Materials Fact Sheet (DMFS)*. This form shall be signed by each inmate-patient upon receipt of the DMFS.

CDCR Form 7443 (Rev 04/06) *Dental Health History Record – English*. This form shall be completed at the receiving institution when treatment is rendered and shall list any past or present illnesses, medications currently being taken, or allergies to medications, etc.

CDCR Form 7444 (Rev 04/06) *Dental Health History Record – Spanish*. This form shall be completed at the receiving institution by Spanish speaking inmate-patients when treatment is rendered and shall list any past or present illnesses, medications currently being taken, or allergies to medications, etc.

3. The UHR shall contain the following:

- a. Identification data.
  - b. Problem List (including allergies, special needs, chronic illness clinics, permanent medical passes, non-english speaking status, etc.)
  - c. Receiving, screening, and health assessment forms.
  - d. Prescribed medication and therapeutic orders.
  - e. Reports of laboratory, radiographic, and diagnostic studies.
  - f. Clinic notes.
  - g. Special needs treatment plans, if any.
  - h. Immunization records.
  - i. All findings, diagnoses, treatment, and dispositions.
  - j. Informed consent, treatment refusal, and release of information forms.
  - k. All consultant's reports and procedural results.
  - l. Discharge summaries of inpatient admissions and hospitalizations.
  - m. Place, date, and time of each medical encounter.
  - n. Signature and title of each documenter.
4. All services rendered, either direct hands-on care or indirect care, (e.g., radiological interpretations), must be documented in the UHR at the time treatment is provided or when observations are made by the appropriate health care provider. Each entry in the UHR must:
- a. Be legible
  - b. Be documented in chronological order with no blank lines between entries.
  - c. Contain the date and time of the entry.
  - d. Include the legible signature, title, and credentials of the person making the entry, or the name stamp with authentication by the person making the entry.

5. All documentation in the UHR record must be entered with **black** ink, unless otherwise specified.
6. All verbal or telephone orders shall be co-signed within 72 hours, with the date, time, signature, and credentials of the practitioner.
7. All providers of direct care should utilize a format that includes Subjective data, Objective findings, Assessment, a Plan in the recording of patient evaluations, and Education (SOAPE). The complete obliteration of any entry and use of correction fluid are prohibited.
8. Any UHR removed from the health records filing system must be replaced with an out-guide or similar chart tracking system. Only approved CDCR forms are authorized for inclusion in the UHR. The practice of using unapproved forms or making modifications to approved forms is greatly discouraged and is not authorized for permanent inclusion in the UHR. To avoid misinterpretations, only the approved list of symbols and abbreviations as outlined in this policy and procedure will be utilized. This does not pertain to the filing of appropriate clinical information.
9. The facility health records supervisor shall assure that each UHR is reviewed for completeness prior to filing. In the event a UHR is incomplete due to the death, resignation, termination, or incapacitation of the attending clinician, it shall be given to the unit health supervisor, or if he/she is the person who is no longer available, then the Health Care Manager/Chief Medical Officer at the local institution will determine if some other provider on staff can complete the record.

#### **B. Dental Health Record Organization and Maintenance**

1. The dental section of the UHR shall contain the following:
  - a. CDCR Form 193 *Inmate Trust Withdrawal Order*
  - b. CDCR Form 237 A *Health Record – Dental Reception Center Screening*
  - c. CDCR Form 237 B *Health Record – Dental (Mainline Examination)*
  - d. CDCR Form 237 B-1 *Health Record – Supplemental Mainline Examination*
  - e. CDCR Form 237 C *Dental Progress Notes*
  - f. CDCR Form 237 C-1 *Supplemental To Dental Progress Notes*
  - g. CDCR Form 237 E *Plaque Index Scoring Record* (if applicable)
  - h. CDCR Form 237 F *Health Record – Dental Pain Profile*
  - i. CDCR Form xxxx *Dental Consent Forms*
  - j. CDCR Form 7225 *Refusal of Dental Examination/Treatment*
  - k. CDCR Form 7362 *Health Care Services Request for Treatment (Inmate Co-pay)*
  - l. CDCR Form 7430 *Periodontal Screening and Recording* (if applicable)
  - m. CDCR Form 7431 *Periodontal Chart Dental Examination* (if applicable)
  - n. CDCR Form 7441 *Patient Acknowledgement of Receipt of Dental Materials Fact*

- o. CDCR Form 7443 and CDCR Form 7444 *Dental Health History Record – English and Spanish*
  - p. Dental requests for consultation forms
  - q. Dental Chronos, etc.
2. Proper and consistent documentation must be maintained to insure compliance with applicable State and Federal laws and regulations and DCHCS UHR Policy.
  3. In order to maintain consistency and compliance with existing policies, it is important to utilize only approved dental abbreviations.
  4. Only approved methods for charting diseases, abnormalities, missing teeth, existing restorations, and treatment completed while incarcerated shall be utilized.
    - a. In-processing Screening – A sample charting of screening findings and illustrating symbols used along with an explanation of the usage is provided.
    - b. Charting Diseases and Abnormalities – Dental treatment needs that are diagnosed subsequent to the in-processing examination, (i.e., re-examination findings) shall be charted in this section.
    - c. Restorations and Treatments – A sample charting of treatments provided during the inmate's incarceration as well as illustrating symbols used along with an explanation of their usage is provided. THESE ENTRIES ARE MADE IN BLACK INK DOCUMENTING TREATMENT JUST COMPLETED DURING THE INMATE – PATIENT VISIT.
  5. Health History.
    - a. The initial health history is to be recorded on the appropriate form, and shall be signed and dated by the inprocessing dentist.
    - b. Health histories shall be signed and dated by each new treating dentist, and revised or updated:
      - 1) At the time of an inmate's annual or biennial dental examination.
      - 2) On the occasion of each new dental examination.
      - 3) As appropriate, based on the inmate's existing medical conditions, during the delivery of an extended series of treatments.
  6. Treatment Plan – Any planned treatment shall be entered in the "Treatment Plan Section" of the CDCR Form 237 B. Treatment plans formulated as a result of routine inmate requests shall be entered numerically according to treatment priority and shall be based on the inmate's oral condition and length of incarceration.
  7. S.O.A.P.E. Format: All dental health care providers shall utilize the S.O.A.P.E. format, which includes (S)Subjective data, (O)Objective findings, (A)Assessment, a (P)Plan, and (E)Education in the recording of patient evaluations. Entries made in an inmate's dental health record as the result of a visit for evaluation of a specific or routine complaint must include, but are not limited to, the following:
    - a. Chief complaint or purpose of visit (SUBJECTIVE)

- b. Objective findings (OBJECTIVE)
  - c. Diagnosis or medical impression (ASSESSMENT).
  - d. Treatment plan (PLAN)
  - e. Patient education (EDUCATION)
8. Authenticating Entries
- a. Dentists are authorized to authenticate any entry in the dental health record and are *required* to authenticate direct patient care entries and denial or cancellation of any appointment.
  - b. Dental assistants are authorized and required to authenticate entries pertaining to: the provision of preventive procedures, screening (subjective and objective findings) of inmates, receiving and disposition of CDCR Form 7362 requests, and other non-direct patient care entries.
  - c. Office Assistants or Office Technicians are authorized to transcribe in the dental health record those entries not requiring clinical judgment as determined to be appropriate by the Chief Dentist (CD.) They may sign the transcribed entry, but the appropriate dental personnel (dentist, dental assistant) must authenticate the entry. Examples of such transcription include but are not limited to the following:
    - 1) Entries pertaining to the receipt of a CDCR Form 7362 request.
    - 2) NO SHOW for failed appointments.
    - 3) Issuance of toothbrush, flossers, etc.
9. Progress Notes Section. A narrative description of all outpatient dental services and any information determined to be appropriate by the treating dentist shall be documented in the Progress Notes Section of the CDCR Form 237 C or C-1 of the UHR. Examples of supplemental information include but are not limited to:
- a. Lab reports.
  - b. Recommendations.
  - c. Probable prognosis in doubtful or complicated cases.
  - d. Failure to keep an appointment.
  - e. Failure to follow health care provider's instructions.
  - f. Refusal of recommended treatment.
  - g. Placement on lay-in status.
  - h. Appointments cancelled.
  - i. Treatment rendered.
  - j. Amount and type of anesthetic utilized.
  - k. Medication prescribed.

10. Priority Classification. Following each visit, the inmate's overall treatment priority shall be updated and recorded in the Progress Notes Section of the CDCR Form 237 C or C-1 of the UHR. This priority is reflective of the status of the inmate's oral condition after the visit.



# CHAPTER 6.2

## Informed Consent (E)

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### I. POLICY

The California Department of Corrections and Rehabilitation (CDCR), its agents, and the Division of Correctional Health Care Services, shall adhere to the requirements set forth in *California Code of Regulations* Title 15, Article 8, Section 3353 "Informed Consent Requirements."

### II. PURPOSE

To set forth procedures to ensure and document that an inmate's right to informed consent is observed.

### III. PROCEDURE

- A. The treating dentist(s), physician(s), or their designees, must obtain the inmate-patient's informed consent as documented on CDCR Form 7342 (Rev 1/00), *Informed Consent to Surgical Special Diagnostic, or Therapeutic Procedures* for any surgical or invasive procedure.
- B. In emergent situations, inmates shall be treated under the law of implied consent.

## CHAPTER 6.3

### Privacy of Care (E)

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#### I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) dental departments shall provide dental services that meet contemporary community standards as outlined by the Dental Board of California in the Dental Practice Act of 2002 (California Business and Professions Code Section 1600, *et seq.*). All dental services shall be rendered with consideration for the inmate-patient's dignity and feelings and in a manner designed to ensure privacy of care in patient treatment and to encourage the inmate-patient's subsequent use of dental services.

#### II. PURPOSE

To establish guidelines and procedures dental clinics shall use to ensure privacy of care during inmate-patient dental treatment.

#### III. PROCEDURE

- A. Inmate-patient dental treatment shall be performed in private, (i.e., only authorized Division of Correctional Health Care Services (DCHCS) staff shall be present in the treatment area unless security necessitates the presence of a CDCR Custodial Officer). A chaperon shall be present when indicated.
- B. Photographing or videotaping of medical/dental procedures shall only be done with the written consent of the inmate-patient, and with the approval of the DCHCS, and the local administration. A formal Use of Force incident, where continuous video recording is used to document the entire event, shall be excepted from this requirement.

# CHAPTER 6.4

## Medical/Dental Chronos

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### I. POLICY

Within the California Department of Corrections and Rehabilitation (CDCR), all inmate health information concerns shall be recorded using CDCR Form 128-C1, Medical/Dental Chrono.

### II. PURPOSE

To ensure that inmates' health information is recorded and tracked in a systematic and uniform manner.

### III. PROCEDURE

#### A. The CDCR 128-C1, Medical Chrono:

1. Shall indicate functional capacity and physical restrictions relative to housing units, diagnosis, and work assignments.
2. May also contain health alerts or recommendations for placement in health programs such as: the Clinical Correctional Case Management System, the Enhanced Outpatient Program, the Mental Health Crisis Beds, the Disability Placement Program, the Chronic Care Program, Outpatient Housing Unit placement, or Skilled Nursing Facility/Correctional Treatment Center/General Acute Care Hospital/CDCR acute care hospital admission.
3. Shall indicate an inmate-patient's Tuberculosis code and Dental Classification.
4. Shall remain current until a new CDCR Form 128-C1 is generated documenting a new physician's order.

#### B. Each CDCR Form 128-C1, Medical Chrono that indicates a permanent medical condition or disability shall be a permanent chrono and shall not be regenerated upon inmate transfer.

#### C. Medical chronos shall not have health conditions stated in the body of the form, such as Seizure Disorder, Asthma, Diabetes, Chronic Infectious Disease, Allergies, Orthopedic Conditions, Cardiac Disease, Hepatitis, Contagious Diseases, Communicable Diseases, etc.

# Chapter 6.5

## Medical/Dental Lay-Ins (E)

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### I. POLICY

Inmate-patients within the California Department of Corrections and Rehabilitation (CDCR) who require medically indicated bed rest shall be provided with medical/dental lay-ins by institution licensed health care staff.

### II. PURPOSE

To establish standards and guidelines for the use of medical/dental lay-ins.

### III. PROCEDURE

- A. A VGA 171 or CDCR Form 128 C chrono shall be written for all medical lay-ins.
- B. Medical/dental lay-ins shall be issued only by Physicians, Dentists, Registered Dental Assistants, Registered Nurses, or Licensed Vocational Nurses, i.e. licensed health care staff. Medical/dental lay-ins shall be issued only to inmate-patients needing medically indicated bed rest or who temporarily cannot perform their assigned duties, but who do not require inpatient infirmary or hospital care.
- C. Medical lay-ins shall be issued for specific time periods. Lay-ins requiring confinement to quarters for longer than a 24-hour period must be ordered by a physician or a dentist, and the order must include a termination date.
- D. Upon expiration of the lay-in, the inmate-patient shall:
  - return to normal activities
  - be re-evaluated by the physician or dentist for possible reissue of a lay-in
  - be re-evaluated by the physician or dentist for possible transfer to a facility with an infirmary or hospital.
- E. Inmate-patients on medical/dental lay-ins must be confined to their cells or dormitory beds, except to eat, obtain medication, shower, or to access the facility law library.
- F. Health care staff may re-evaluate the lay-in status of any inmate-patient at any time depending on the inmate-patient's behavior and/or activity.

Distribution of the CDCR Form 128 C is the following:

- Original to the C File
- Copy to Unit Health Record

- Copy to inmate supervisor
- Copy to Housing Officer
- Copy to Inmate

## CHAPTER 6.6

### Dental Holds and Inmate-Patient Transport/Transfers (E)

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#### I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall utilize a dental hold process when the transfer or transport of an inmate-patient is not dentally appropriate.

#### II. PURPOSE

To establish procedures and criteria for placing dental holds on inmates scheduled for transfer or transport.

#### III. PROCEDURE

A. The treating dentist shall determine if a dental hold should be placed on an inmate-patient.

B. A dental hold shall be placed on an inmate-patient for any of the following reasons:

- The inmate-patient has untreated Priority 1A dental treatment needs.
- Immediate dentures were recently inserted.
- The inmate-patient is awaiting completion of endodontic treatment, (i.e., the obturation of canals).
- The inmate-patient is awaiting an outside specialty consultation and/or treatment.
- The inmate-patient is awaiting laboratory or biopsy results.
- The inmate-patient is undergoing treatment for a fracture of the mandible or maxilla, and/or is still in wired fixation.

C. The dental hold shall be removed or lifted only by the attending dentist, outside specialty consultant, or the Chief Dentist, (CD).

D. The criteria for placing or removing a dental hold on an inmate-patient shall follow the procedures established in the Health Care Services "Medical Hold" Policy.

E. The treating dentist shall document the dental hold on the CDCR Form 237 C or C-1 and on the CDCR Form 7221 *Physicians' Orders*.

F. The CD shall review the Unit Health Record and the Medical Hold policy to ensure compliance with approved policies and procedures.

G. The CD shall notify the Health Care Manager or designee of the placement or removal of a dental hold and shall complete all required documents.